



6 FW

DOCKET NO. I20 06741 US  
CERENT NO. HWEL01-06741  
Customer No. 00128

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Charles Q. Zhan, et al.  
U.S. Serial No.: 10/717,406  
Filed: November 19, 2003  
For: APPARATUS AND METHOD FOR IDENTIFYING POSSIBLE  
DEFECT INDICATORS FOR A VALVE  
Group No.: 2863  
Examiner: Toan M. Le

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

In response to the Office Action dated November 10, 2004, please amend the above-identified patent application as follows.

03/07/2005 TSTEP10E 00000001 500208 10717406

01 FC:1251 120.00 DA

SUMMARY

If any issues arise, or if the Examiner has any suggestions for expediting allowance of this application, the Applicants respectfully invite the Examiner to contact the undersigned at the telephone number indicated below or at [wmunck@davismunck.com](mailto:wmunck@davismunck.com).

The Commissioner is hereby authorized to charge any additional fees connected with this communication (including any extension of time fees) or credit any overpayment to Deposit Account No. 50-0208.

Respectfully submitted,

DAVIS MUNCK, P.C.

Date: Feb. 10, 2005

  
\_\_\_\_\_  
William A. Munck  
Registration No. 39,308

P.O. Box 800889  
Dallas, Texas 75380  
(972) 628-3600 (main number)  
(972) 628-3616 (fax)  
E-mail: [wmunck@davismunck.com](mailto:wmunck@davismunck.com)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

10/7/7406

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>		
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	minus 20 =	*
<b>INDEPENDENT CLAIMS</b>	minus 3 =	*
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	22	Minus	22
Independent	4	Minus	4
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT B</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	Minus	=
Independent	Minus	Minus	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT C</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	Minus	=
Independent	Minus	Minus	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY	RATE	FEES
BASIC FEE	395.00	OR BASIC FEE	790.00
X 25		OR X 50	
X 100		OR X 200	
+180		OR +360	
TOTAL		OR TOTAL	

SMALL ENTITY	OTHER THAN OR SMALL ENTITY	RATE	ADDITIONAL FEE
RATE	ADDITIONAL FEE	X 25	X 50
X 100		OR X 200	
+180		OR +360	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		OR X 50		
X 100		OR X 200		
+180		OR +360		
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE		

AMENDMENT C	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X 25		OR X 50		
X 100		OR X 200		
+180		OR +360		
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE		